

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 413)**

SERIAL NO.

APPLICANT(S)

FILING DATE

15/02/2020

9-23-4 CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1					1	
2						1
3						1
4						1
5						1
6						1
7						1
8						1
9						1
10						1
11					1	
12						1
13						1
14						1
15						1
16						1
17					1	
18						1
19						1
20						1
21						1
22						1
23						1
24						1
25						1
26						1
27					1	
28						1
29						1
30						1
31						1
32						1
33						1
34						1
35						1
36						1
37						1
38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL NO.					4	
TOTAL OFF.					26	
TOTAL					40	

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						